

Quality Improvement Plan (QIP)

# Narrative for Health Care Organizations in Ontario

March 13, 2026



## OVERVIEW

Kemptville District Hospital (KDH) is committed to delivering high-quality, patient-centred care through continuous improvement, strong partnerships, and responsible stewardship of resources. Our 2022–2026 Strategic Plan prioritizes Person-Centred Care, Service Excellence and Innovation, Team KDH, Strong and Vital Partnerships, and Sustainability and Growth, guiding our efforts to improve health outcomes for the communities we serve.

In 2025–26, KDH continued participating in the Pay-for-Results (P4R) program, focusing on initiatives to improve emergency department flow and reduce wait times. We also strengthened Barcode Medication Administration (BCMA) practices within our EPIC electronic medical record system to enhance medication safety and reduce the risk of medication errors.

Our commitment to equity and inclusion continues through the work of the Equity, Diversity, Inclusion, and Ethics Committee and the implementation of the Crystal Clear policy, supporting a healthcare environment that is free from stigma and discrimination. Education related to equity and anti-racism remains an important component of staff learning and organizational culture.

We engage patients, residents, and staff in shaping care experiences through patient experience surveys, our Patient and Family Advisory Committee (PFAC), and staff engagement initiatives. To support workforce recruitment and retention, KDH continues to focus on professional development opportunities, mentorship, and initiatives that strengthen workplace culture.

Through our Quality Improvement Plan (QIP), we remain committed

to sustainable improvements that ensure patients receive the right care, in the right place, at the right time.

## **ACCESS AND FLOW**

KDH remains committed to delivering high-quality, patient-centred care through continuous improvement, strong partnerships, and responsible stewardship of resources. As a small rural hospital serving a growing and aging population, we recognize the importance of ensuring care is accessible, safe, and equitable for all members of our community.

Our 2022–2026 Strategic Plan continues to guide our quality priorities, with a focus on Person-Centred Care, Service Excellence and Innovation, Team KDH, Strong and Vital Partnerships, and Sustainability and Growth. Over the past year, we have advanced initiatives aimed at improving emergency department flow, strengthening medication safety practices, expanding access to key services, and embedding equity and inclusion into our organizational culture.

Through participation in provincial initiatives and collaboration with regional partners, we are working to improve system integration and transitions of care. We continue to engage patients, families, and staff in shaping care experiences through experience surveys, our Patient and Family Advisory Committee (PFAC), and staff engagement initiatives.

Our 2026/27 Quality Improvement Plan builds on this foundation, focusing on access and flow, patient and provider experience, safety, equity, and population health. Through structured measurement and collaborative action, KDH remains committed to ensuring patients receive the right care, in the right place, at the right time.

## EQUITY AND INDIGENOUS HEALTH

At KDH, advancing health equity and Indigenous health is embedded within our strategic priorities of Person-Centred Care, Team KDH, and Strong and Vital Partnerships. We recognize that achieving equitable access, experience, and outcomes requires sustained organizational commitment and accountability.

Over the past year, we have continued to operationalize our Equity, Diversity, Inclusion, and Ethics Committee to support policy review, education, and organizational awareness. Completion of equity, diversity, inclusion, and anti-racism education remains a monitored organizational priority, reinforcing expectations for culturally safe and inclusive care practices.

The implementation of our Crystal Clear policy has strengthened our approach to addressing stigma and discrimination within healthcare settings. The policy includes a structured reporting process and education-focused follow-up, supporting transparency and accountability.

KDH continues to explore opportunities to strengthen relationships with Indigenous partners and enhance culturally responsive care. Staff education related to Indigenous history, trauma-informed care, and inclusive practices supports our efforts to improve cultural safety within the organization.

In 2026/27, we will continue to embed equity considerations into quality improvement planning and decision-making processes to ensure care delivery reflects the diverse needs of our community.

## PATIENT/CLIENT/RESIDENT EXPERIENCE

At KDH, patient and resident experience remains central to our quality improvement efforts. We actively incorporate feedback from experience surveys, the Patient Relations process, and our Patient and Family Advisory Committee (PFAC) to inform decision-making and drive meaningful improvements.

PFAC continues to play an important governance role, with representation on the Board of Directors, Board Quality and Safety Committee, Quality of Care Committee, and other hospital committees. Their perspectives support patient-centred policy development and service planning.

Experience survey data is reviewed regularly at leadership and committee levels to identify trends and areas requiring action. Feedback related to communication, involvement in care decisions, and discharge processes has informed targeted improvement initiatives, including enhanced patient education materials and clearer discharge instructions.

We continue to prioritize improving survey response rates to ensure a representative understanding of patient and resident experiences. Results are shared with frontline teams and integrated into departmental performance discussions, reinforcing accountability and closing feedback loops.

In 2026/27, we will further align patient experience insights with our Quality Improvement Plan indicators to ensure that patient voices directly shape our strategic and operational priorities.

## PROVIDER EXPERIENCE

Recognizing the continued pressures facing the healthcare workforce, KDH remains committed to strengthening provider experience under our strategic priority of Team KDH. We understand that delivering high-quality care depends on a supported, engaged, and resilient workforce.

Over the past year, we have focused on stabilizing staffing in key clinical areas, clarifying roles and responsibilities, and strengthening leadership oversight to support safe and sustainable service delivery. Targeted recruitment efforts and professional development opportunities continue to support workforce growth, while flexible scheduling practices and mentorship initiatives promote retention and work-life balance.

We monitor staff engagement, workplace safety indicators, and training completion rates as part of our performance oversight processes. We continue to focus on workplace safety and psychological safety by reinforcing expectations around respectful behaviour, leadership accountability, and timely response to safety concerns.

In 2026/27, KDH will continue to prioritize recruitment and retention strategies, leadership development, and workplace safety initiatives. By fostering a culture of accountability, recognition, and continuous learning, we aim to position KDH as an employer of choice and ensure staff feel valued, empowered, and engaged in quality improvement work.

## SAFETY

At KDH, patient and staff safety remains foundational to all aspects of care delivery. Our approach to safety is grounded in prevention, early identification of risk, and continuous learning.

We maintain structured processes to prevent serious patient safety incidents, including monitoring of high-risk areas such as medication administration, pressure injury prevention, and clinical documentation compliance. These safety practices are reinforced through education, audit, and leadership oversight to ensure adherence to established safety standards.

A key example of our prevention approach is the continued strengthening of medication safety practices within our electronic medical record system. By reinforcing Barcode Medication Administration (BCMA) expectations, monitoring compliance rates, and addressing workflow barriers, we are reducing the risk of medication administration errors and enhancing patient safety.

In addition to clinical safety measures, we monitor workplace safety indicators and review incident reports through interdisciplinary committees to identify trends and implement corrective actions. Root cause analyses are conducted when appropriate, and lessons learned are shared across teams to prevent recurrence.

In 2026/27, KDH will continue to focus on proactive risk mitigation, reinforcing a just culture, and embedding safety practices into daily operations to minimize preventable harm and protect both patients and staff.

## PALLIATIVE CARE

While KDH does not have a dedicated palliative care program, we remain committed to ensuring that patients with life-limiting illnesses receive high-quality, compassionate, and person-centred care.

A key component of our approach is ongoing collaboration with Beth Donovan Hospice, which provides essential community-based support to palliative patients and their families. This partnership enhances access to specialized resources, respite services, and grief support, improving quality of life beyond the hospital setting.

KDH also benefits from hospitalists with expertise in palliative care within the community. Their involvement supports early goals-of-care discussions, individualized care planning, and shared decision-making aligned with patient values and preferences.

Documentation of goals of care within the medical record supports continuity across care settings.

In addition, designated Palliative Nurse Champions provide guidance to clinical staff, promote best practices, and support knowledge sharing related to symptom management and end-of-life care. Ongoing staff education reinforces principles of compassionate communication, cultural sensitivity, and person-centred care.

Through these efforts, KDH continues to align with the Quality Standard for Palliative Care by emphasizing collaboration, shared care planning, and access to community supports. We remain committed to providing respectful, coordinated, and supportive care to patients and families throughout the illness trajectory.

## **POPULATION HEALTH MANAGEMENT**

KDH continues to strengthen partnerships to address the evolving health and social needs of our community. Aligned with our strategic priority of Strong and Vital Partnerships, we collaborate with regional hospitals, primary care providers, home and community care, and community-based organizations to enhance access, continuity, and coordination of care.

A continued area of focus has been maintaining and expanding access to select outpatient and surgical services locally, reducing the need for patients to travel outside the region. Our ongoing partnership with The Ottawa Hospital supports coordinated access to specialized services when required, ensuring patients receive timely and integrated care across the continuum.

We also work closely with community partners to address factors that influence health beyond hospital walls, including access to transportation, home supports, and transitional care services. Strengthening discharge planning processes and collaboration with community care providers supports seniors and patients with complex needs in remaining safely at home whenever possible.

KDH uses indicator data and system-level insights to inform planning and identify priority areas for improvement. Through continued collaboration and shared accountability within the broader health system, we remain committed to improving equitable access, enhancing care integration, and supporting the overall health of the population we serve.

## **EMERGENCY DEPARTMENT RETURN VISIT QUALITY PROGRAM (EDRVQP)**

KDH is committed to improving Emergency Department (ED) quality and patient outcomes through audits and data-driven quality improvement initiatives as part of the Emergency Department Return Visit Quality Program (EDRVQP). Data is retrieved from the ATC portal quarterly. KDH screens all return visits resulting in admission and formally audits at least 40 patient cases annually.

The ED Manager, ED Physician, and Chief Nursing Executive thoroughly audit the selected cases using the ED Return Visit Review Template as a guide. Collaboratively, this group identifies opportunities for improvement.

Challenges faced in the EDRVQP included limited return visit cases that presented opportunities for improvement. This is driven by the small volume of return visits resulting in admission, and the fact that most return cases resulted from patients being transferred to tertiary centers for up-care or return visits for testing/follow-up.

Based on the EDRVQP audit results, KDH is working to increase availability of CT, and has implemented standardized operating procedure for following up on test results of those who left without being seen (LWBS) or against medical advice. Initiatives to reduce LWBS rates and improve communication with patients in the waiting room are also underway.

KDH continues to participate in the small hospital site Pay-for-Results (P4R) program, with a focus on improving patient flow and reducing ED wait times. While site-specific return visit data may be limited in the ATC portal due to small volumes, P4R metrics continue to be monitored through the hospital's Quality Improvement Plan.

## **EXECUTIVE COMPENSATION**

In 2026-27, the Executive Team at KDH consists of the President & Chief Executive Officer, Vice President of Nursing and Clinical Services & Chief Nursing Executive, Vice President of Operations & Chief Financial Officer. Executive compensation is directly tied to the achievement of QIP targets, in alignment with the requirements of the Excellent Care for All Act (ECFAA).

A total of 3% of the Executive Team's overall compensation is contingent upon meeting the annual targets for two out of the three QIP indicators outlined below:

1. Percentage of staff (executive-level, management or all) who have completed relevant EDI and antiracism education
2. Patient received enough information about their health care at discharge
3. BCMA rates

## **CONTACT INFORMATION/DESIGNATED LEAD**

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## SIGN-OFF

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

I have reviewed and approved our organization's Quality Improvement Plan on

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Board Chair

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Board Quality Committee Chair

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Chief Executive Officer

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EDRVQP lead, if applicable

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